

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

100-3 PM 12-23

1. (a) NAME OF COMMITTEE IN FULL <i>Citizens for Harkin</i>	<input type="checkbox"/> (Check if name is changed)	2. DATE <i>3-28-01</i>
(b) Number and Street Address <i>PO Box 811</i>	<input type="checkbox"/> (Check if address is changed)	3. FEID IDENTIFICATION NUMBER <i>C00166827</i>
(c) City, State and ZIP Code <i>Des Moines, IA 50304</i>	4. IS THIS STATEMENT AN AMENDMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

## 5. TYPE OF COMMITTEE (Check one)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate	Candidate Party Affiliation	Office Sought	State/District
<i>Sen. Tom Harkin</i>	<i>DEMOCRAT</i>	<i>U.S. Senate</i>	<i>IOWA</i>

- (a) This committee supports/opposes only one candidate \_\_\_\_\_ and is NOT an authorized committee.  
(name of candidate)
- (b) This committee is a \_\_\_\_\_ committee of the \_\_\_\_\_ Party.  
(National, State or subcommittee) (Democratic, Republican, etc.)
- (c) This committee is a separate segregated fund.
- (d) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
<i>IOWA SENATE 2002</i>	<i>430 S. CAPITOL ST SE WDC 20003</i>	<i>Joint Fundraising</i>

## Type of Connected Organization

- Corporation  Corporation w/o Capital Stock  Labor Organization  Membership Organization  Trade Association  Cooperative

## 7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name: *Theresa L Kehoe* Mailing Address: *1314 42nd Street Des Moines, IA 50311* Title or Position: *TREASURER*

## 8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee and the name and address of any designated agent (e.g., assistant treasurer).

Full Name: *Theresa L Kehoe* Mailing Address: *1314 42nd St.  
Des Moines, IA 50311* Title or Position: *TREASURER*  
615 277 4532-h  
615 277 9906-0

## 9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc. Mailing Address and ZIP Code  
**BANK OF AMERICA** *730 15 ST NW, WDC 20005*  
**BANKERS TRUST** *65 LOCUST 1ST DES MOINES, IA 50309*  
**BIG EGG NATIONAL BANK** *800 17TH ST NW, WDC 20006*  
**3M LOMONOSOFF BARNEY** *801 GRAND, SUITE 3200, DES MOINES, IA 50309*

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

TYPE OR PRINT NAME OF TREASURER

SIGNATURE OF TREASURER

DATE

*Theresa L Kehoe**Theresa L Kehoe**3-28-01*

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.  
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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For further information contact:  
Federal Election Commission  
Tel-744-2000-204-0600  
Local 202-224-3120

FEC FORM 1  
(Revised 4/87)